HONDA REAR ENTERTAINMENT SYSTEM WORKSHEET

Warranty Audio Order - Rear Entertainment System

* = Required

Dealer Information

Dealer Number _____

DPTS# / Name* _____

SSN* _____ (last four numbers)

Telephone No.* (_____) _____-_____ ext _____

Repair Order Number* _____

Repair Order Date* _____ / _____ / _____

Approved By Parts Manager* ❍ Yes ❍ No

Called Tech Line?* ❍ Yes ❍ No [***Must mark Yes** or **No**.]*

*(If **Yes**, provide previous Reference #. If **No**, it is not necessary to contact Tech Line for a Reference #.)*

Reference # _____

Vehicle Information

VIN _____ **Mileage** _____

Model _____ **Model Year** _____

Body Type _____ **Trim Level** _____ **Interior Color Code** _____

Warranty / Goodwill Information

Goodwill Authorization _____

Customer Information

Customer Name* _____ **Customer Contact No.*** (_____) _____-_____

Customer's Complaint* _____

_____

_____

_____

* = Required

Problem Description

Could you duplicate the problem?* ❍ Yes ❍ No

Is this a repeat repair (comeback)?* ❍ Yes ❍ No

Is this a repeat complaint?* ❍ Yes ❍ No

Compares to a "known good" vehicle?* ❍ Yes ❍ No

What is the problem?* (Check all that apply)

- ❑ L. front speaker
- ❑ R. Front speaker
- ❑ L. rear speaker
- ❑ R. rear speaker
- ❑ Subwoofer
- ❑ Audio unit
- ❑ DVD player
- ❑ Rear control panel
- ❑ LCD display
- ❑ Remote control
- ❑ IR headphones
- ❑ Aux (A/V and headphone inputs)

How long after purchase did the problem begin? _____ _____ (Days/Months/Years)

Other Accessories

- ❑ Cassette Player
- ❑ CD Player
- ❑ CD Changer
- ❑ Security System
- ❑ HFL
- ❑ Window Tinting
- ❑ OnStar
- ❑ LoJack
- ❑ Rear Entertainment System (Non-OEM)
- ❑ Rear Camera
- ❑ Radar Detector
- ❑ XM Radio
- ❑ iPod Link
- ❑ **Othe**r (Describe in Comments section below)

Conditions

Is the problem happening continuously?* ❍ Yes ❍ No

Is the problem related to temperature?* ❍ Yes ❍ No

Is the problem related to movement?* ❍ Yes ❍ No

Is the problem location related?* ❍ Yes ❍ No

Is the problem media related?* ❍ Yes ❍ No

Comments

List "Other" Symptoms / Conditions here

_____

_____

_____

_____

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